



04/24/01

02-09-01

A/re

65705 U.S. PTO  
09/779177

04/24/01

## REISSUE PATENT APPLICATION TRANSMITTAL

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.: 4T02.1-020

First Named Inventor Vincent Frese II

Original Patent Number 5,909,545

Original Patent Issue Date (Month/Day/Year) June 1, 1999

Express Mail Label No. EL672504225US

## Application for Reissue of

(Check applicable box)

 Utility Patent Design Patent Plant Patent

## APPLICATION ELEMENTS

## ACCOMPANYING APPLICATION PARTS

- |   |  |
|---|--|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form<br/><i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification and Claims, (amended, if appropriate)</p> <p>3. <input type="checkbox"/> Drawings Total Sheets _____</p> <p>4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy)<br/>(37 CFR 1.175)(PTO/SB/51 or 52)</p> <p>5. Original U.S. Patent<br/> <input checked="" type="checkbox"/> Offer to Surrender Original Patent (37 CFR 1.178)<br/> Or<br/> <input type="checkbox"/> Ribboned Original Patent Grant<br/> <input type="checkbox"/> Affidavit/Declaration of Loss (PTO/SB/55)</p> <p>6. Original U.S. Patent currently assigned?<br/> <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53 or 54)<br/> <input type="checkbox"/> 37 CFR 3.73(b) Statement      <input checked="" type="checkbox"/> Power of Attorney</p> | <p>7. <input checked="" type="checkbox"/> Transfer drawings from Patent File</p> <p>8. <input type="checkbox"/> Foreign Priority Claim (35 USC 119)<br/>(if applicable)</p> <p>9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) PTO 1449<br/> <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>10. <input type="checkbox"/> English Translation of Reissue Oath/Declaration<br/>(if applicable)</p> <p>11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>12. <input type="checkbox"/> Small Entity Statement(s)<br/> <input type="checkbox"/> Statement filed in prior application<br/>Status still proper and desired</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>14. <input type="checkbox"/> Other:</p> |
|---|--|

## CORRESPONDENCE ADDRESS

Send all Correspondence addressed to:

Michael J. Mehrman, Esq.

By:

Dawn V. Stephens (Registered Patent Agent)  
Registration No.: 44,355

GARDNER GROFF  
MEHRMAN & JOSEPHIC, P.C.  
Paper Mill Village, Building 23  
600 Village Trace, Suite 300  
Marietta, Georgia 30067

Date: February 8, 2001

Telephone: 770 984 2900

Facsimile: 770 984 0098

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
4T02.1-020

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 22	**** 2 =	x \$ 9 =	18	or	x \$ _____ =
(C) 3	Independent claims (37 CFR 1.16(l))	(D) 5	* 2 =	x \$ 40 =	80		x \$ _____ =
							\$ _____
Basic Fee (37 CFR 1.16(h))				\$ 355		OR	
Total Filing Fee				\$ 453		\$	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
					Total Additional Fee	\$	OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this sheet is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_. A duplicate copy of this sheet is enclosed. A check in the amount of \$ 453.00 to cover the filing / additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

February 8, 2001  
Date

Signature of Applicant, Attorney or Agent of Record

Dawn V. Stephens 44,355  
Typed or printed name

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue of: }  
U.S. PATENT 5,909,545 }  
Frese II et al. } } Examiner: Unassigned  
Issued: June 1, 1999 } } Art Unit: Unassigned  
Assignee: Tridia Corporation } }  
Reissue Application: Filed Concurrently Herewith } } Atty Docket: 4T02.1-020  
For: **METHOD AND SYSTEM FOR ON DEMAND** }  
**DOWNLOADING OF MODULE TO ENABLE** }  
**REMOTE CONTROL OF AN APPLICATION** }  
**PROGRAM OVER A NETWORK** }

---

**ASSENT OF ASSIGNEE TO REISSUE AND  
OFFER TO SURRENDER LETTERS PATENT**

---

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

The undersigned, assignee of the entire interest in the above-identified letters patent, hereby assents to the accompanying reissue application and offers to surrender the original letters patent upon being informed that the reissue application is in condition for allowance.

Tridia Corporation

By: Vincent Frese II  
President

JAN 23, 2001

Date